

Notes from Multiple & Complex Needs Services –

Front Line Workers Events - October 2017

Background & Context:

As part of the LWoH CofP, and engaging wider organisations in influencing system changes, LCVS facilitated 3 events on 24th, 25th & 27th October, at North, South & Central Liverpool locations. The events were aimed at Front Line Workers and those with lived experience of Multiple & Complex Needs service provision.

Invitations were circulated within LCVS Welfare & Wellbeing Organisations Network (WWON) and LWoH contacts. Response to the sessions was good, with 64 bookings from a range of organisations across the 3 events.

The sessions provided an opportunity to bring together service providers from a range of services including statutory organisations, commissioned services, wider voluntary sector services, and people with lived experiences of multiple & complex needs services. The sessions were planned to be a valuable safe space for the views of frontline staff and complex service users to be shared and for issues/concerns to be raised. They also provided a place where front line staff could input into the wider, strategic development of both Waves and other services in order to deliver the best possible services for people in Liverpool. Expectations for the sessions were discussed, and can be summarised thus:

- Better connections with peers in partner organisations
- Better understanding of other agendas
- More information about wider local service provision
- The need for both front line workers and service users to have a voice within wider discussions and system changes

Discussions were structured around **what works well; what are the barriers to delivering services; and solutions to overcome those barriers** and were grouped around the themes below, which merged from previous Cof P activity and discussions: • Access to Services incl. Mental Health

- Transition
- Service user involvement
- Workforce Development

This report collates and paraphrases the feedback information from the 3 sessions and aligns it to the 10 Key Policy Challenges outlined within Adrian Nolan's report, to help formulate plans to address these. It also generates some 'headlines' which can inform future discussions.

Policy Challenge 1: No two cases are the same

There was some debate and conflicting opinions highlighting the 'no -one size fits all', or easy solutions when working with people with multiple & complex needs and a feeling that clients are being let down by the system. There was a general agreement within the groups that psychologically informed environments, along with ready access to highly skilled staff with a flexible remit, are extremely important elements of a good service for this client group. People spoke about 'humanising' support, building relationships with clients to create trust and encourage openness, and focusing more on outreach services to reach those who are not comfortable attending appointments. Where workers are able and supported to work flexibly, results are very positive, although it was also pointed out that the definition of a 'success' covers a huge spectrum of outcomes, many of which do not sit readily within the conventional recording parameters.

A particularly powerful example offered by one participant described one client for whom a major success was being able, after some highly intensive support, to keep their room reasonably tidy and dispose of their sharps safely. This shows the importance of having workers who have the time, and are able to form relationships with clients, and offer consistency of support.

Policy Challenge 2: Disconnect and barriers between services

Overall there was a feeling that a city wide lead for this area of work is needed, who can set agendas and create a strong vision and build multi-agency partnerships within multiple & complex needs services.

In addition there needs to be robust partnerships with statutory services to deliver the best outcomes for the individual rather than chasing targets and contracts. Social work criteria are described as 'too rigid' for this client group, and there is clearly a significant issue around dual diagnosis, with the explicit statement 'mental health and drug/alcohol services need to work more closely together' being roundly endorsed by those present. There were some examples of good practice cited, such as a new GP tool to link the issues of homelessness and alcohol misuse in the patient information system, along with a comment that 'Brownlow Homeless Clinic gets things sorted quickly', but also some less positive examples.

One participant described a case in which a client turned up at the organisation in a state of extreme distress, having been told that, as a result of a relapse during which episode she had used abusive language to her worker on the phone, the service would no longer be working with her. This left the voluntary sector organisation in the position of having to try to meet the

needs of the distressed client themselves. This suggests a lack of connectivity within the service and a significant risk to the client's well-being.

Locally there needs to be a better understanding of the strengths and limitations of partner organisations and clearer pathways into wider support. Barriers to this were articulated in terms of 'long-standing inter-organisational differences in the city, causing barriers to effective partnership working' and 'businesses trying to undercut each other'. This view from a frontline worker was supported by a comment from a service user that 'organisations within Waves have separate ambitions'.

Another comment when discussing working with Waves was, 'at this stage (3 years in) we have inherited resentment'.

There is also a challenge for organisations in protecting their culture and ethos and maintaining empathy for clients when there are hard targets to be reached. 'A homeless charity that has turned into a business, selling homelessness services to the Council' was one description that supports this view.

Understanding of the structure, access criteria and programmes within the Waves service was still patchy among those who are working for organisations other than the main partners, and there were reports of tensions created by the different criteria applying to Waves clients within a service, such as the duration of funded service provision.

Policy Challenge 3: Understanding which elements of the system can be fixed and changed to support sustainable approaches

There was a strong feeling that managers need to recognise the skills and strengths across workforces in this area. Generally there was a feeling that staff don't feel valued: 'We are being expected to achieve the almost impossible' was one quote; 'pressure from commissioners means the weight of the system bears down on frontline workers' was another. Stress levels are high and morale is low, impacting on sickness levels and the quality/continuity of service delivery, with the additional complications caused by increased use of agency staff. Comments included '(there is a) lack of acknowledgement of damage caused to frontline workers by the system' and 'mental health support for staff should be available'. There were also discussions about unreasonable caseloads, volume and complexity, and the need for clinical supervision to help manage complex caseloads; the view was that this should be written into contracts at commissioning stage.

Examples such as the one referenced under Policy Challenge 1 give a real insight into the amount of work that is often necessary to effect change – in some cases, workers can spend whole days just trying to find clients, in order to then face another battle to get them to attend appointments. The toll this takes on staff is significant, and underlines the need for appropriate support, and recognition of the efforts made to keep clients on the right path.

It seems there is a need for more robust multi-agency responses, and for the creation of a framework for the workforce who can use its skills and judgement to assess risk and respond to clients' needs appropriately and effectively.

Frontline workers felt that they need to work in an environment where they can use their skills & experience, and are enabled to negotiate unique support through a range of organisations and community groups in order to meet the diverse needs of clients.

Clinical staff would benefit from a better understanding of homelessness / alcohol and how this compounds wider issues. There was a positive response to Brownlow Hill surgery, where they are using an on-line tool that triggers an assessment when homelessness or alcohol issues are identified. However it is thought that they receive additional funding to focus on this area.

Clients with dual diagnosis are 'being failed by the system time & time again' as they often self-medicate to mask or manage their mental health condition, meaning that the system excludes them. There needs to be a more mature and inclusive approach to engaging these clients and supporting them into services.

There also needs to be improved understanding of other agendas impacting on this client group and staff should have opportunities to build knowledge and experience across other services to help them manage their own caseloads and client pathways.

Front line staff need more information regarding roll out of Universal Credit Full Service so they can respond to clients and link them into help and support. It was pointed out that Homeless Link is doing some training with the DWP and Job Centres, and that there is a real need for trained advocates to help clients in dealings with statutory services.

Policy Challenge 4: Defined pathways towards community reintegration

Pathways need to be clear from the start. They need to be a journey with small steps and milestones, which are agreed between the client and the access organisation, with clear, realistic steps within the pathway based on the client's situation and abilities. They should be reviewed and adapted with service users as part of the journey. There was a feeling that people can get 'trapped' in services, for example, where there is no suitable accommodation. Support needs to be structured, wherein people can move up or down scales depending on their situation and linked to more specialist support or appropriate intervention, with links into the community to strengthen prospects of reintegration.

Access should be via a standard offer with key focus areas e.g. mental health or housing, as well as specialist support, with links to appropriate interventions, opportunities and activities to provide achievable goals and create a unique pathway for everyone.

Support should not be time limited but reflective of needs and able to respond flexibly to changing situations along pathways, 'we shouldn't be dropping people just because of timescales.'

Some participants expressed the view that access criteria for Waves services are too narrow; there also appeared to be some confusion over threshold levels of need. There was a general feeling that, overall, clients were being denied critical support because the criteria were seen as too prescriptive/ rigid for the client group; excluding people who want and need help. Examples of this were: criminal convictions excluding people from the Mainstay

system, and clients who were referred back to other services by Waves staff because of negative / chaotic behaviour, again failing clients who need help.

Dual diagnosis clients can often be mis-diagnosed or denied access to mental health services because of either presenting under the influence of alcohol or masking their condition through self-medication. It is important to offer outreach help and clear access points throughout the city, to support people into help when and where they need it.

Policy Challenge 5: Developing greater links to early intervention and other service areas

It was generally agreed that there needs to be a greater understanding and stronger links between child/adult mental health services, and recognition that multiple & complex needs in an adult were probably recognisable in the child. Positive work with young people will have an impact within the adult population.

There was a discussion around engaging with families, and supporting families to be more resilient, recognising that families can be a critical factor in supporting clients' independence, or possibility of moving back to the family home; one suggestion was that this could be done in collaboration with the Service User Involvement Hub. There is also a need to identify children within a family situation who may need help: linking into, and working with the Early Help Team is critical.

There was a discussion around what was available where and for who; basically there needs to be a better understanding of the range of services and interventions available across the city.

There needs to be a meaningful way to move people away from A&E and other acute services, providing a more suitable approach to engaging and supporting people with multiple & complex needs. Other work going on in the city to plan a 'Crisis Café' could contribute to this and could help with clients who relapse, but little was known about the progress of this initiative.

It was stated in the session that a high proportion of multiple & complex needs service users have been affected by childhood trauma and /or sexual abuse. There needs to be greater recognition of this in assessments and when planning support and interventions.

Policy Challenge 6: Challenge of developing a model of effective service user involvement

The project should capitalise on its resources; skills & experience of people with lived experience and build on existing service user roles, including Peer and Advocacy roles which help to develop and upskill people and provide important link support roles for clients. The service user roles need to be meaningful and recognised properly with management support and routes into paid roles where appropriate.

The Hub seems to be an underused resource where there is scope to develop more structured activity programmes and social events. Several comments were made about the fact that the Hub does not open often enough, and that there seems to be a dearth of

organised, meaningful activity available. There was a discussion about widening access to the Hub and how this would be managed.

The Hub has an 'open door' policy, and exists to provide a safe, welcoming space, enabling frontline staff & people with lived experience to interact, build on skills and aspirations, and link these into the wider Waves project across the piece.

There is a need to capture the informed voice and develop a strong culture where people with lived experience feel valued and involved at all levels, where they are not judged for the way they present, and where people understand how frustrated and anxious they can become, and have the skills to empower and enable them to manage their emotions and overcome barriers in all walks of life. This will open up real opportunities for change, both for people and for systems.

Policy Challenge 7: Challenging traditional methods of measuring success

There is a strong belief that traditional methods of measuring success are not appropriate for this client group because of the complexity of individuals' situations. One comment was that no-one had really considered what success for this client group looks like, apart from in terms of cost savings. The question 'what happens to the people it would cost more to fix?' related to a comment about current measures being 'too wedded to SROI', and the dangers of a failure to recognise that 'negative outcomes can lead to positive outcomes in the longer term – success should be particular to the client'.

This would include some realistic starting points and acknowledgments that people are casualties of neglect, failing systems, inequality and abuse and this can't be 'put right' without taking the time to unpick and deal with the past issues which are holding people back.

There needs to be a greater focus on qualitative and softer outcomes, as well as case-studies and listening to staff to build a qualitative picture of the clients' progress and the specific support which has helped them move on.

Existing time frames can be too constricting and mean that staff are not able to deal with the real issues which are compounding someone's situation, and merely putting a sticking plaster on the problem.

Policy Challenge 8: Enabling voices from the frontline

Staff commented that there is a problem with 'only knowing what you know', and that there needs to be better communication and information sharing across organisations. For example, many workers present were unaware of the re-structures taking place within Waves, indicating a need for improved communication across organisations.

Front line workers need to have space to share experiences and build strong cross agency working. They need space where ideas can be floated and collective solutions sought.

Comments suggested that staff at times can feel vulnerable, alone & unsupported and need to feel valued and listened to within their organisation and across the city for the critical work they do. They need organisations to understand the challenges of a 'normal day', and the stresses involved in just getting a person from A to B. They need to know that the organisations are behind them and are ready to support them in overcoming problems.

Front Line workers have key information about what works / what doesn't and need a direct route for their voices to feed into wider structures, influencing decision making processes, system changes, and sometimes commissioning, as they understand where gaps are. Involving staff can create efficiencies where potential problems and opportunities can be identified and resources deployed.

A view raised from Front-line staff was 'emergency accommodation stays should be extended where appropriate and we need stronger links with RSL's'.

Policy Challenge 9: Articulating successful move on

There was an interesting debate about 'moving people on' acknowledging that, for some people, distance travelled would be limited, whereas for others the transition could be enormous and a relatively straightforward process in comparison. However there needs to be some way of articulating the impact of the support provided and amount of work carried out.

Moving on needs to be owned and determined by the client, with the support of skilled staff, enabling and empowering people and building confidence and resilience in clients and staff. Goals need to be realistic goals and clients supported to move on at an agreed pace, celebrating success along the way.

Clients need to be part of transition decisions; for some people there could be a need for managed lifelong support to live independently. Linking people to wider services and interventions will help shift dependency on high intensity support.

Not all successes will be evident as clients move on; partner organisations can help provide valuable data to demonstrate progress and outcomes, and a complete picture of a person's journey.

Policy Challenge 10: The need for a clear strategic plan for MCN

Across the sessions there was a strong view that there needs to be a city wide lead to oversee multiple & complex needs services, championing good practice and building capacity in this area. A lead would ensure there is a clear vision across statutory, community and private sector services and robust partnership working to meet the needs of clients effectively and efficiently.

The complexity of clients' needs and chaotic behaviours often associated with multiple and complex needs service clients highlights the need for a collaborative multi-agency approach. Statutory, voluntary and private sector organisations need to consider how best

to work together, including pooling resources, sharing practices and learning from each other to meet the needs of service users effectively and efficiently.

Workers in this area need to be informed about wider agendas impacting on this client group including Welfare Reforms and the roll out for Universal Credit Full Service. There is a need to plan for these changes and other transformations locally. There needs to be staff training in supporting people through the complexity of benefit changes and improve awareness of wider services and support for vulnerable people from voluntary sector groups across the city.

Key Headings across all sessions:

- Need city lead for M&CN
- Front line workers & people with lived experience need a forum to share ideas /info
- Staff need to feel valued, supported and enabled to respond to client's needs
- Need to recognise and unpick historical traumas and issues
- Need clear service info; what's available & criteria - Database
- Build multi-agency approach to service delivery which is fit for all
- Create protocols for joint working/ data sharing.
- Staff need flexibility to nurture innovation and provide more inclusive support
- Prioritising clients' needs based on assessment
Key areas: Accommodation / Mental Health
- Need strong relationship with clients
- Homelessness seen as a political issue

Opportunities for;

- Sharing working protocols incl. multi-disciplinary assessments, training and shared systems
- Linking emotional health & physical health interventions and support
- Co-location of services
- Developing a step-up/ step-down approach to meeting needs
- Creating tiered support packages with a catalogue of options/ choice
- Improving information about local help and support; Livewell database / EH Database / Barnardo's iHOP and information about more local/ specialist support?
- Creating on-line forums where staff can share information, discuss situations and support each-other
- Delivering ongoing Front Line staff events & CofP activity
- Building on service user involvement, incl. planning of future events
- Improving wider awareness of M&CN